Application or Docket Number													
* DATENT ADDITION SEE DETERMINATION RECORD												~	
Effective October 1, 2000 0 9 74 79 1													
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE O			OTHER THAN SMALL ENTITY		
TOTAL CLAIMS			32					RATE	FEE	1	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			38 minus 20=		· 12			X\$ 9=		OR	X\$18=	214	
INDEPENDENT CLAIMS			<i>3</i> minus 3 =		0			X40=		OR	X80=		
MU	LTIPLE DEPEN	DENT CLAIM P	ESENT					+135=		OR	+270=		
* If the difference in column 1 is less than zero, enter *0" in column 2 TOTAL OR TOTAL											924.		
CLAIMS AS AMENDED - PART II 12 - 16-04											OTHER	THAN	
(Column 1) (Column 2) (Column 3)									ENTITY	OR	SMALL E		
MTA		CLAIMS REMAINING AFTER		NUN PREVI	HEST BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT A	Total	AMENDMENT	Minus	PAID	FOR	٥>	1	X\$:9=	FEE	OR	X\$18=		
¥	Independent	. 3	Minus	•••	3.	=]	X40=		OR	X80=		
Ľ	FIRST PRESE	NTATION OF M	ULTIPLE DEP	ENDÈN	TCLAIM]						
								+135=		OR	+270=		
								TOTAL ADDIT. FEE	<u> </u>	OR	TOTAL ADDIT. FEE		
 		(Column 1)			imin 2) REST	(Column 3	1			•			
AMENDMENT B		REMAINING AFTER AMENDMENT		NUI PREV	NBER IOUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NON NO	Total	.29	Minus	-3	2	-0]	X\$ 9=		OR	X\$18=		
	Independent	• 3	Minus	***	<u>ح</u>	1 <u>. N</u>	4	X40=		OR	X80=		
╠	FIRST PRESE	NTATION OF M	ULTIPLE DEP	ENUEN	I CLAIM		L	+135=		OR	+270=		
TOTAL ADDIT. FEE										OR	TOTAL ADDIT. FEE		
		(Column 1)		(Colu	ımn 2) .	(Column 3	3)_			-			
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIG NUI PREV	HEST MBER TOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		=	1	X\$.9=		OR	X\$18=		
	Independent	•	Minus	***		=].	X40=		1	X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							<u> </u>	<u> </u>	OR			
											+270=		
"If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "righest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "righest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ADDIT. FEE											OR ADDIT FEE		
"	The "Highest Nu The "Highest Nur	imber Previously F nber Previously Pa	raid For IN THI aid For (Total o	S SPACI Indeper	: 15 18 55 th rdent) is th	en 3, enter "3." e highest num	ber f		propriate bo	ox in a	olumn 1.		
	•	•											

FORM PTO-875

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